

**502/564-3296, ext. 222      502/696-5898 (FAX)**

**(Mail to address above: ATTN: KBI Board Administrator)**

NOTE: A temporary license is granted for a maximum of **FIVE (5) consecutive licensure years** from the date of issue, including any reinstatements that may have occurred during that timeframe (i.e. A temporary license issued on July 1, 2012 will terminate no later than July 1, 2017). Individuals who initially apply as Deaf or Hard of Hearing, working towards becoming a CDI, may hold temporary licensure for a maximum of **TEN (10) consecutive licensure years** from the date of initial issuance.

**(TYPE OR PRINT ALL INFORMATION)**

1. \_\_\_\_\_  
 NAME: LAST FIRST MIDDLE  
 (As You Want It to Appear on the License)

2. \_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
SOCIAL SECURITY NUMBER

3. MAILING ADDRESS: STREET or P.O. Box

*CITY* *STATE* *ZIP* *COUNTY*

**4.** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
**TELEPHONE:**            (*WORK*)                      (*HOME*)                      (*CELL*)

5. \_\_\_\_\_ / \_\_\_\_\_  
**E-MAIL ADDRESS:** \_\_\_\_\_ **FAX #** \_\_\_\_\_

**6. Has your certification or licensure in Kentucky or any other state ever been suspended or revoked?**

☐ Yes ☐ No

If yes, give details: \_\_\_\_\_ (Send supporting documentation)

**7. Have you ever been convicted of a felony, or a misdemeanor where a jail sentence was imposed, or any crime involving moral turpitude?**

☐ Yes    ☐ No

If yes, what offense? \_\_\_\_\_

(Send supporting documentation)

If yes, please explain: when, where, etc. \_\_\_\_\_

**SECTION 2 – EDUCATION**

8. \*Did you graduate from an Interpreter Training Program? ☐ Yes ☐ No  
 If yes, did you receive a B.A. or A.A. Degree? Check one: ☐ B.A. ☐ A.A.

High School	Address	Dates Attended		Date of Graduation		Diploma
		From	To	Month	Year	

Post Secondary Institution	Address	Dates Attended		Date of Graduation/Completion		Degree
		From	To	Month	Year	

9. Have you ever been convicted of violating any federal or state law applicable to the practice of interpreting?

☐ Yes ☐ No

If yes, what offense? \_\_\_\_\_

(Send supporting documentation)

If yes, please explain: when, where, etc. \_\_\_\_\_

10. Have you ever been found to have violated the code of ethics of a national organization that issued you a certification you hold or ever held?

☐ Yes ☐ No

If yes, what offense? \_\_\_\_\_

(Send supporting documentation)

If yes, please explain: when, where, etc. \_\_\_\_\_

11. Have you ever been discharged or forced to resign for misconduct, unsatisfactory service, or unethical practices from any professional training program, or from the program of any educational institution?

☐ Yes ☐ No

If yes, please give specific details \_\_\_\_\_

(Send supporting documentation)

12. I wish to be listed in a public directory of licensed interpreters. (Temporary Licensees will not be included)

☐ Yes ☐ No

If you do not want address and/or phone number listed, please advise: \_\_\_\_\_

**SECTION 3 – EXPERIENCE**

Begin with your present or most recent job and list fully and accurately the details of the past two (2) positions you have held relating to your professional experience in interpreting. **If you have additional sites of experience, please copy and complete this section.**

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____	Describe Your Duties: _____ _____ _____ _____ _____
Title of Position: _____	
Name & Address of Employer: _____ _____	
Immediate Supervisor: _____	

Employed From: Mo. ____ Yr. ____ To: Mo. ____ Yr. ____	Describe Your Duties: _____ _____ _____ _____ _____
Title of Position: _____	
Name & Address of Employer: _____ _____	
Immediate Supervisor: _____	

### **SECTION 4 – CERTIFICATION**

**Indicate one or more of the following certifications of competence or skill assessments:**

**FOR LICENSE (Indicate one or more and provide evidence of certification)**

#### **Registry of Interpreters for the Deaf and Hard of Hearing**

- ☐ NIC National Interpreter Certification
- ☐ Ed: K-12 Educational Certificate: K-12
- ☐ CDI Certified Deaf Interpreter
- ☐ NIC-Advanced National Interpreter Certification (Advanced)
- ☐ NIC-Master National Interpreter Certification (Master)
- ☐ EIPA Educational Interpreter Performance Assessment 3.5 (until June 30, 2013)
- ☐ CT Certificate of Transliteration
- ☐ CI Certificate of Interpretation
- ☐ CDI-P Certified Deaf Interpreter-Provisional
- ☐ CSC Comprehensive Skills Certificate
- ☐ RSC Reverse Skills Certificate
- ☐ OTC Oral Transliteration Certificate
- ☐ IC/TC Interpreting Certificate/Transliteration Certificate
- ☐ IC Interpreting Certificate
- ☐ TC Transliteration Certificate
- ☐ CLIP Conditional Legal Interpreting Permit
- ☐ CLIP-R Conditional Legal Interpreting Permit-Relay
- ☐ MCSC Master Comprehensive Skills Certificate
- ☐ SC:L Specialist Certificate: Legal
- ☐ Prov. SC:L Provisional Specialist Certificate: Legal
- ☐ SC:PA Specialist Certificate: Performing Arts
- ☐ OIC:C Oral Interpreting Certificate: Comprehensive
- ☐ OIC:S/V Oral Interpreting Certificate: Spoken to Visible
- ☐ OIC:V/S Oral Interpreting Certificate: Visible to Spoken

**National Association for the Deaf**

- ☐ NAD IV Level IV Advanced
- ☐ NAD V Level V Masters

**National Training, Evaluation, and Certification Unit (NTECUnit)**

- ☐ CLTNCE Cued Language Transliterator National Certification Examination

**Other State Screenings or Quality Assurance Assessments** (*reciprocity is evaluated on a case by case basis by the Board and requires an additional fee 201 KAR 39:080*)

☐ \_\_\_\_\_

**FOR TEMPORARY LICENSE (must indicate and provide evidence of 1, 2, and 3)**

**1) PASSAGE OF WRITTEN KNOWLEDGE EXAM (indicate one or more)**

- ☐ NIC Knowledge Exam
- ☐ EIPA Knowledge Exam
- ☐ Documentation of 18 hours of CDI continuing education can be submitted in lieu of the Knowledge Exams (for Deaf or Hard of Hearing applicants only) **AND** documentation from a recognized professional that you meet the definition of "Deaf and Hard of Hearing Individual." ("Deaf or Hard of Hearing Individuals" mean individuals who have hearing disorders and who cannot hear and understand speech clearly through the ear alone with or without amplification).

**2) AMERICAN SIGN LANGUAGE FLUENCY ASSESSMENT (indicate one or more)**

- ☐ SCPI/SLPI Sign Communication Proficiency Interview/Sign Language Proficiency Interview Advanced or better. Level: \_\_\_\_\_
- ☐ ASLPI American Sign Language Proficiency Interview – 4.0 or better  
Score: \_\_\_\_\_
- ☐ EIPA Educational Interpreter Performance Assessment – 3.0 or better (4.0 is eligible for RID Ed:K-12 certification) Score: \_\_\_\_\_
- ☐ NAD NAD Level III Intermediate (must be a currently certified NAD member)

**3) Signed Plan of Supervision for Temporary License Form Attached?:** ☐ Yes ☐ No

*(All required documents and fees must be attached or application will be returned)*

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**APPLICANT'S AFFIDAVIT**

*I, the applicant named in the above, do hereby certify under penalty of law, that the information contained herein is true, correct, and complete to the best of my knowledge and belief.*

*I am aware that, should an investigation at any time disclose any such misrepresentation or falsification, my application could be rejected or my license/permit revoked by the Board.*

APPLICANT'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE (Do not type or print)